



APPLICATION FOR REINSTATEMENT OF COSMETOLOGY INDIVIDUAL PROFESSIONAL LICENSE

237 Coliseum Drive
Macon, Georgia 31217

Phone (478) 207-2440

www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Designer/Nail Technology/Esthetics in the State of Georgia. Visit our website for information:

<http://www.sos.ga.gov/plb/cosmetology>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from old applications to new applications.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

☐ **NON-REFUNDABLE APPLICATION FEE:** (See attached fee schedule).

The payment must be made by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$40.00 service charge pursuant to O.C. G.A. § 16-9-20.

☐ **NOTARIZED APPLICATION:** The three-page application must be mailed to the Board's office at the address listed above, along with your **FEE**.

☐ **PHOTOGRAPH:** A full-face (approximately 2x2) photograph taken within one year before the submission of the application.

☐ **PROOF OF CONTINUING EDUCATION:** (See requirements on page 3 of application).

☐ **CITIZENSHIP/QUALIFIED ALIEN STATUS:** Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application. If not a U.S. citizen, please attach documentation and complete form to determine qualified alien status.

☐ **AUTHORIZATION FOR RELEASE OF INFORMATION.**

☐ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – Do not staple pages or check/money order. Do not fold pages of the application.**

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA STATE BOARD OF COSMETOLOGY
 237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440
www.sos.ga.gov/plb/cosmetology
APPLICATION FOR REINSTATEMENT OF
COSMETOLOGY INDIVIDUAL PROFESSIONAL LICENSE

Please complete this application and return it with the appropriate fee. The payment of the fee may be made either by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS!** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.

Non-Refundable Application Fee: See fee schedule –page 6 of this application

License Type and Number: _____
 (Attach copy of license)

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards): _____

Name (as desired on License) _____
FirstMiddleLast

***Social Security Number:** _____ - _____ - _____ **Date of Birth:** ____/____/____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Physical Address _____
P.O. Box not acceptable - Number and Street Apt. No City/State/ Zip
(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)

Mailing Address _____
 (if different) Number and Street Apt. No City/State/ Zip

 Telephone Number Day Telephone Number Evening Email* Fax

***Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.**

This application will be returned if you do not answer the questions on this page.

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under the "First Offender Act," or been sanctioned by another board or agency? DUI and DWI are not minor traffic violations. ☐ Yes ☐ No

If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? ☐ Yes ☐ No

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board.

CONTINUING EDUCATION REQUIREMENTS

There is a five (5) hour continuing education requirement for each renewal period that the license was not active. However, if you have not held an active license for more than two renewal periods, or four years, you are required to complete ten (10) hours of continuing education to reinstate your license as a master cosmetologist, hair designer, esthetician or nail technician. All instructors who have not held an active license for more than two renewal periods, or four years, must complete thirty (30) hours of continuing education hours.

The licensee shall submit written proof from the CE provider of attendance and /or completion of each continuing education or CE course submitted for credit. Included in the required hours of the continuing education shall be:

- 1) Three (3) hours must be satisfied by a course in health and safety developed by the Department of Technical and Adult Education (DTAE) in the areas of: blood borne pathogens; decontamination and infection control; or skin disease disorders. A board-registered provider, any technical college, colleges and universities, health departments and the American Red Cross must provide the course(s).
- 2) Two (2) hours must be a course previously registered with the Board in any of the following areas: industry or trade show, health and safety, industry trends, computer skills, business management, or the licensee's area of practice.

- **Since your last renewal, have you obtained the required number of Continuing Education (CE) hours as specified in the Board Rule 130-2-.12?**

_____ Yes _____ No

- **If you answered no to the above CE question are you exempt?**

_____ Yes _____ No

Applicant History

If you checked yes to the CE exemption question please indicate your exemption below (please attach supporting documentation);

- _____ 1) Licensed for 25 years or more (Please attach verification of licensure in other states.)
- _____ 2) Age 65 or older (Please attach a copy of your driver's license, birth certificate or passport.)
- _____ 3) Disability (Please attach a physician's statement or copy of a social security disability award letter.)
- _____ 4) Illness (Please attach a statement from your treating physician that states your illness.)
- _____ 5) Other (Please include a description of your hardship and attach supporting documentation.)

In order to reinstate a license after expiration, the applicant shall pay all fees required by the law or rules, including the reinstatement fee, and shall submit documentation of completion of all CE hours required since the date of expiration. A license shall be issued upon completion of all requirements of the rules and O.C.G.A. §§ 43-10-9 and 43-10-10.

Place passport size Photo here
Must be 2" x 2" (NO COPIES)
Photograph must be less than one year old.

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Cosmetology and/or criminal prosecution.

Signature of Applicant

Date

Print Applicant's Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this
(Applicant's Name)

application for a license by examination for Cosmetology in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

County

State

My Commission Expires _____

(seal)



Georgia State Board of Cosmetology
Professional Licensing Boards
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (478) 207-2440
Web-Site: www.sos.ga.gov/plb/cosmetology

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature. The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed by the Georgia Board of Cosmetology. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name – Printed

Signature

Residence Street Address

Aliases or Maiden Name

City, State, Zip

Sex

Race

Social Security Number

Date of Birth

Date of this Authorization

Release of Information (10-24-08)

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]
- _____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

THE GEORGIA STATE BOARD OF COSMETOLOGY
Fee Schedule

Master Cosmetologist License Expiration March 31, even year	\$50
Late Renewal (within 6 months) 3/31 thru 9/30, even year	\$100
Reinstatement (after 6 months up to 2 years) after 9/30	\$200
Reinstatement (2 years or more after 3/31 renewal)	\$300
Hair Designer License Expiration September, even year	\$50
Late Renewal (within 6 months) 9/30 thru 3/31, even year	\$100
Reinstatement (after 6 months up to 2 years) after 9/30	\$200
Reinstatement (2 years or more after 9/30 renewal)	\$300
Esthetician/Nail Technician August 31, odd year	\$45
Late Renewal (within 6 months) 8/31 thru 2/28, odd year	\$90
Reinstatement (after 6 months – 2 years) after 2/28	\$185
Reinstatement (2 years or more after 8/31 renewal)	\$250
Salons/Shops June 30, odd year	\$75
Late Renewal (within 6 months after 6/30 thru 12/31, odd year)	\$200
Reinstatement (after 6 months – 2 years) after 12/31	\$300
Reinstatement (2 years or more after 6/30 renewal)	
Schools June 30, odd year	\$ 300
Late Renewal (within 6 months) 6/30 thru 12/31, odd year	\$600
Reinstatement (after 6 months) after 12/31	\$1000 Board Review
Instructor License (all) June 30, odd year	\$75
Late Renewal (within 6 months)	\$150
Reinstatement (after 6 months – 2 years)	\$250
Reinstatement (after 2 years)	\$300

APPLICATION FEES ARE NON-REFUNDABLE